

REQUEST FOR INFORMATION ABOUT NEW OR REVISED EMPLOYER PENSION PLAN

INSTRUCTIONS: The Railroad Retirement Board (RRB) requests you to complete a separate form for each employer pension plan being reported. Please read the important notices and complete the Employer Certification on the reverse side of this form.

2. RRB Employer Number (4 Digit)

1. Name and Address of Railroad

3. Date of Report

4. Effective Date of Pension Plan

SECTION 1 - IDENTIFYING INFORMATION

5. Enter an "X" in the appropriate box:

I have enclosed a copy of the pension plan or a summary plan description. This pension plan is described as shown. →

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New Pension Plan - No Prior Pension Agreement

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Amended Pension Plan - Previous Pension Plan Was Reported To The RRB

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Amended Pension Plan - Previous Pension Plan Was Not Reported To The RRB

6. Enter the name of the employer pension plan. →

7. Describe the groups of employees covered by this plan. →

SECTION 2 - DETAILS OF THE PENSION PLAN

8. Describe the funding of the pension plan. (For example, funded by a trust fund, paid out of current income, etc.) →

9. Enter an "X" in the appropriate box:

The employees described in item 7 make contributions toward the funding of the pension plan. →

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YES

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NO

10. Enter an "X" in the appropriate box:

The employer pension is reduced by the Railroad Retirement Tier I, Tier II, or Vested Dual Benefits. →

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YES - Actual RR Annuity Rate

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YES - Estimated RR Annuity Rate

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NO

11. Enter an "X" in the appropriate box: The employer pension is reduced by all or part of the Railroad Retirement Supplemental Annuity. _____→	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Enter an "X" in the appropriate box: The employer pension plan is established pursuant to a collective bargaining (union) agreement. _____→	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Enter an "X" in the appropriate box: The employer pension plan has been approved by the Internal Revenue Service (IRS) _____→ (Please enclose a copy of the IRS letter approving the pension plan.)	<input type="checkbox"/> YES <input type="checkbox"/> NO

PAPERWORK REDUCTION ACT NOTICE

The information requested on this form is needed to determine if a reduction is required to the supplemental annuities of your retired employees under section 2 (h)(2) of the Railroad Retirement Act (RR Act) (45 U.S.C. 231a(h)(2)) and to establish the type of supplemental annuity taxes due to the Internal Revenue Service under 26 U.S.C. 3221. Furnishing this information is required by law (Section 7(b)(6) of the RR Act (45 U.S.C. 231f(b)(6))).

Federal agencies may not conduct or sponsor, and respondents are not required to respond to a collection of information unless it displays a valid OMB number. We believe this form takes an average of eight minutes per response, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. If you wish, send any comments regarding the accuracy of our estimates or any other aspects of this form, including suggestions for reducing the completion time, to the Chief of Information Management and Control, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0089), Washington, D.C. 20503.

SECTION 3 - REMARKS

You may use this section to enter any additional information that you feel may be important to include.

SECTION 4 - EMPLOYER CERTIFICATION BY RAILROAD CONTACT OFFICIAL

THE INFORMATION IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of RR Contact Official

Title of RR Contact Official

Please return this form to:

U.S. Railroad Retirement Board
Bureau of Retirement Benefits
844 North Rush Street
Chicago, Illinois 60611-2092

Business Telephone Number (Include Area Code)

Date